

UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
CERTIFIED/PROFESSIONALLY-QUALIFIED INTERPRETERS
STATEMENT OF SERVICES

INTERPRETER NAME _____	INVOICE/PURCHASE ORDER # _____
FIRM NAME (Payee) _____	SOC SEC/TAX # (Payee) _____
MAILING ADDRESS _____	PHONE # _____
CITY, STATE, ZIP _____	E-MAIL _____

LANGUAGE _____ Please check one: _____ AO Certified _____ Professionally Qualified

CASE NUMBER _____ **CASE CAPTION** _____ **JUDGE** _____

DATES OF SERVICES	_____	hrs	(from)	_____	(to)	_____
_____	_____	hrs	(from)	_____	(to)	_____
_____	_____	hrs	(from)	_____	(to)	_____
_____	_____	hrs	(from)	_____	(to)	_____
_____	_____	hrs	(from)	_____	(to)	_____

*Indicate hours of service, excluding normal meal periods.

FEE CLAIMED (Daily Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____

FEE CLAIMED (Half-Day Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____

FEE CLAIMED (Overtime Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____

TOTAL \$ _____

TRAVEL EXPENSES (if applicable)

Departed from residence -City of _____	Date and Time _____
Arrived at City of _____	Date and Time _____
Returned to residence - City of _____	Date and Time _____

Subsistence Expenses:*

Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total

(***Actual Expenses** - lodging plus meals & incidentals expenses, not to exceed per diem rates of \$111 in Omaha, or \$91 in Lincoln and North Platte. Last Day- No hotel - actual expenses up to \$38 for meals & incidentals)

TOTAL SUBSISTENCE \$ _____

Mileage:** Date _____ Number of Miles _____

 Date _____ Number of Miles _____

****Must be a minimum of 30 miles one-way from interpreter's residence.**

TOTAL MILES @ .485¢ \$ _____

Other Expenses:***

*** Airline tickets, taxi fares, equipment, phone calls, hotel taxes, parking fees (dates and amounts). Attach copy of economy class airline ticket, lodging receipt and a copy of other receipts over \$25.00) **ALL ARE REQUIRED.**

TOTAL OTHER \$ _____

TOTAL AMOUNT CLAIMED \$ _____

SIGNED _____ **DATE** _____

Note: Statements of Services should be submitted within 30 days of contract performance.

MAIL INVOICE/DOCUMENTATION TO: U.S. District Court, Shared Administrative Services, Attn: Deb Wesely, 111 S. 18th Plaza, Suite 1152, Omaha, NE 68102-1322